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## BIB DATA SHEET

CONFIRMATION NO. 2876

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/817,385	04/02/2004 RULE	434	3686	98006/16C1		
<b>APPLICANTS</b> Stephen P. Fracek JR., Texas City, TX; Jon O. Nilsestuen, Friendswood, TX; Marilyn R. Childers, League City, TX;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/731,367 12/06/2000 ABN which claims benefit of 60/169,175 12/06/1999						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/21/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /JOHN A. PAULS/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 52	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROBERT W STROZIER, P.L.L.C PO BOX 429 BELLAIRE, TX 77402-0429 UNITED STATES						
<b>TITLE</b> Web linked database for tracking clinical activities and competencies and evaluation of program resources and program outcomes						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		